

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF JUVENILE JUSTICE SERVICES  
POLICY AND PROCEDURE

Policy No.: 05-03	Effective Date: 12/05/03	Revision Date: 05/09/12
Subject: Suicide Prevention		

**I. Policy Statement**

The Division shall identify and establish precautionary measures to identify and prevent risk of suicide attempts by juveniles under Division care, custody, or control.

**II. Rationale**

National studies have shown that juveniles who are under custody or supervision of programs such as those of the Division are at higher than normal risk of attempting suicide. Accordingly, the Division will implement measures to decrease those risks.

**III. Definitions**

- A. "Suicide awareness" is the recognition by Division staff of verbal and behavioral cues from juveniles that may indicate potential suicide attempts.
- B. "Direct-care staff" include intake and control staff whose job responsibilities involve working directly with juveniles.
- C. "Qualified Mental Health Professional" (QMHP) is a licensed psychologist, psychiatrist, or therapist with experience in child or adolescent development.

**IV. Procedures**

A. Suicide Awareness Training:

All direct-care staff shall attend and complete the initial eight hour life-safety training course for suicide awareness and prevention, and two hours of awareness and prevention training annually thereafter. Training shall include a comprehensive curriculum devoted to the identification and management of suicidal juveniles, interventions, emergency response protocol, emergency response kits, and reporting and notification expectations.

B. Intake Screening:

- 1. All juveniles coming into the care, custody, or control of any Division residential facility shall be screened for potential suicide risk within the first hour of admission.
- 2. The screening may be postponed in the event that the juvenile refuses to comply, is severely intoxicated or otherwise incapacitated, or is violent or out of control.

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3. Any juvenile placed in housing without a completed suicide risk screening, shall be placed on suicide watch until a screen/assessment is completed or until the juvenile is released from the facility.
4. An initial intake screen shall include:
  - a. a completed “Arresting/Transporting Officer Questionnaire” from the person who brought the juvenile to the facility (form attached to this policy);
  - b. a completed Initial Health Screen (form attached to this policy);
  - c. a completed Suicide Probability Scale (SPS) or Massachusetts Youth Screening Instrument (MAYSI);
  - d. observation and interview pertinent to the identification and documentation of the juvenile’s potential suicide risk (Although a juvenile’s verbal responses during the intake screening process are critically important to assessing the risk of suicide, staff shall not rely solely on a juvenile’s denial when assessing the risk);
  - e. whenever possible, contact with parents, previous placement(s) and other persons or organizations that may have information about the juvenile’s current, potential, or past suicidal behavior to obtain relevant information about the juvenile;
  - f. a review of available files and other information the facility may have regarding the youth related to potential suicide risk.

C. Placement on Suicide Watch:

1. Juveniles identified as a potential suicide risk during the intake process or anytime thereafter, shall be placed on suicide watch.
2. Juveniles placed on suicide watch shall be immediately referred to a QMHP when and where possible for further assessment and intervention.

D. Staff Monitoring During Suicide Watch:

Staff shall provide monitoring of juveniles on suicide watch, with special attention to attitude, mood, life circumstances, current situational crisis, and other events that may contribute to suicidal ideation. When a juvenile has been identified as potentially suicidal, staff shall:

1. Verbally communicate with the at-risk juvenile to continue assessment of attitudes, mood and behavior.
2. House the juvenile in a camera room (when available) for the purpose of added monitoring. Cameras shall not be a substitute for the physical checks required by staff.

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3. When a camera room is not available, house the juvenile in a room most visible to staff and/or with another juvenile (to be designated by the staff). When possible, the at-risk juvenile should be housed with another juvenile.
4. Housing arrangements shall be no more restrictive than required to protect the safety of the at-risk juvenile, staff and other juveniles.
5. Removal of a juvenile's clothing and/or the use of physical restraints shall be used only as a last resort when the juvenile is engaging in self-destructive behavior. Provide a suicide resistant safety garment when available and follow the JJS Use of Restraints, Policy 05-06.
6. As much as possible, encourage and allow at-risk juveniles to participate in regular program activities consistent with the other juveniles. At-risk juveniles shall not be confined to their room or be treated any differently than other juveniles solely because they are on suicide watch.
7. When the at-risk juvenile is in his or her room, visually check the juvenile at staggered intervals (e.g. 3, 5, 7 minutes apart), but no more than ten (10) minutes apart, watching for breathing and other signs of life.
8. Document room checks, significant verbal communications, and behavioral changes.
9. Communication of clear and current information about the status of juveniles identified as a potential suicide risk shall be clearly documented in the Control Center and living area in the facility and verbally communicated to all staff on duty. Documentation shall be entered into the shift logs and Control Center logs.
10. When the juvenile is actively suicidal, staff shall monitor continuously and uninterrupted, with a clear and unobstructed view of the juvenile at all times.

E. Assessments During Suicide Watch:

Juveniles on suicide watch shall receive regularly scheduled follow-up visits and assessment by staff, supervisor and, where possible, a QMHP. Information gathered from these visits must be documented and shared with others responsible for the health and safety of the juvenile.

F. Removal From Suicide Watch:

1. Juveniles identified to be at-risk shall be placed on, and remain on, suicide watch for the duration of their stay or until they can be evaluated in person by a QMHP. Staff may not remove a juvenile from suicide watch without approval of a QMHP.
2. Juveniles (previously determined to be at-risk and placed on suicide watch) may be reassessed and removed from suicide watch, but the decision to

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remove from suicide watch must be evaluated and approved by a QMHP following a face to face, comprehensive suicide risk assessment.

3. If it is determined that the juvenile meets the criteria listed on the JJS Suicide Watch/Removal form (attached to this policy), and the QMHP is satisfied that the juvenile no longer represents a threat to themselves, the Removal form must be completed with detailed justification and then signed and placed in the juvenile's file.
4. The facility director shall be notified of any removal of any juvenile from suicide watch.

G. Suicide Attempts:

1. Staff members who discover a juvenile attempting suicide shall call for assistance and respond immediately. If the attempt is life threatening available staff should be sent to call 911. If the juvenile is not breathing and there is no heart beat, CPR should be started and continued until breathing resumes or emergency personnel arrive.
2. Staff shall utilize the emergency response kit provided in the facility.
3. Follow-up after a serious attempt or completed suicide shall include:
  - a) providing the opportunity for other juveniles in the facility to process their feelings about the incident. (Processing may be done in a group or individually).
  - b) referral of other juveniles to a QMHP when needed; and
  - c) referral of staff needing assistance to the Employee Assistance Program (EAP).

H. Notification, Reporting and Investigation of Suicide Risks and Suicide Attempts:

1. The supervisor has responsibility for notification of facility administrators, outside authorities, and parent(s) or guardian of potential, attempted or completed suicide. The lead counselor shall make notifications, when a supervisor is not on the shift.
2. A facility that releases a juvenile to another facility or placement shall notify the receiving facility or placement of any suicidal or at-risk behaviors.
3. The facility director, parent(s)/guardian, and/or next of kin shall be notified as soon as possible, following the indications of concern (suicide risk), attempt or completion of suicide. Notification of other outside authorities will be made in accordance with the JJS Incident Reporting policy 05-15-A. Law enforcement must be notified in the case of a completed suicide.
4. There shall be detailed documentation and reporting of the identification, assessment, referral, monitoring, housing, communication, and notification measures taken for any potential, attempted or completed suicide. The

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supervisor shall ensure that all documentation is available for referral, review, and future reference and placed in the juvenile's file.

5. In the event of a serious suicide attempt or a completed suicide, the Division Investigations Bureau will review the pertinent information and circumstances of individual cases and the effectiveness of facility staff responses.
6. A completed suicide shall be examined by the Department of Human Services (DHS) Fatality Review Committee, per DHS policy 05-02, to evaluate the system response, make recommendations and improve services.


**V. Continuous Renewal**

This policy shall be reviewed every three (3) years to determine its effectiveness and appropriateness. This policy may be reviewed before that time, to reflect substantive change.

This policy has been reviewed by the Board of Juvenile Justice Services and is approved upon the signature of the Director.

  
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E. Mark Bezzant, Chair  
Board of Juvenile Justice Services

05/09/2012  
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Signature Date

  
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Susan V. Burke, Director  
Division of Juvenile Justice Services

05/09/2012  
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Signature Date